

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031144

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4332

STATE FILE NUMBER

SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

34 Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Lakeside Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

508 E. 70th Terrace

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

FAY

D.

LOCKWOOD

4. DATE

Month

Day

Year

OF DEATH

August 22, 1962

5. SEX

Female

6. COLOR OR RACE

Cauc.

7. Married ☒Never Married ☐Widowed ☐

8. DATE OF BIRTH

11/6/07

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hairdresser

10b. KIND OF BUSINESS OR INDUSTRY

Beauty Shop

11. BIRTHPLACE (City and state or country)

Kidder, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Thomas

Nichols

13b. MOTHER'S MAIDEN NAME

Cora

McCrory

14. NAME OF HUSBAND OR WIFE

Ricarr Lockwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Ricard Lockwood, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH

36 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Circulatory Thrombosis

DUE TO (c)

Densealized Carcinomatosis

6 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-13-60 to 8-22-62 and last saw her alive on 8-21-62

Death occurred at 8:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John C. Taylor M.D.

22b. ADDRESS

4331 Main

22c. DATE SIGNED

8-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Aug. 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Hamilton Cemetery

23d. LOCATION (City, town, or county)

Hamilton

23e. STATE

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

D.W. Newcomer's Sons, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

8-22-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

John C. Taylor MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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Dr. John C. Taylor
24321 Main Street
9:00-1:00 - 2:30-6:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Orville Lawler

Licensed Embalmer No.

4915

P. O. Address

KCTMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.